

**Effective October 1, 2000**

00986

(Column 1)                      (Column 2)

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  | 20            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 20 minus 20 = | * 0          |
| INDEPENDENT CLAIMS  | 4 minus 3 =   | * 1          |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

| (Column 1) | (Column 2) | (Column 3) |
|------------|------------|------------|
| 1          | 2          | 3          |
| 4          | 5          | 6          |
| 7          | 8          | 9          |
| 10         | 11         | 12         |
| 13         | 14         | 15         |
| 16         | 17         | 18         |
| 19         | 20         | 21         |
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| 25         | 26         | 27         |
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| 31         | 32         | 33         |
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| 40         | 41         | 42         |
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| 49         | 50         | 51         |
| 52         | 53         | 54         |
| 55         | 56         | 57         |
| 58         | 59         | 60         |
| 61         | 62         | 63         |
| 64         | 65         | 66         |
| 67         | 68         | 69         |
| 70         | 71         | 72         |
| 73         | 74         | 75         |
| 76         | 77         | 78         |
| 79         | 80         | 81         |
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| 85         | 86         | 87         |
| 88         | 89         | 90         |
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| 94         | 95         | 96         |
| 97         | 98         | 99         |
| 100        | 101        | 102        |
| 103        | 104        | 105        |
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| 112        | 113        | 114        |
| 115        | 116        | 117        |
| 118        | 119        | 120        |
| 121        | 122        | 123        |
| 124        | 125        | 126        |
| 127        | 128        | 129        |
| 130        | 131        | 132        |
| 133        | 134        | 135        |
| 136        | 137        | 138        |
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| 148        | 149        | 150        |
| 151        | 152        | 153        |
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| 331        | 332        | 333        |
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| 340        | 341        | 342        |
| 343        | 344        | 345        |
| 346        | 347        | 348        |
| 349        | 350        | 351        |
| 352        | 353        | 354        |
| 355        | 356        | 357        |
| 358        | 359        | 360        |
| 361        | 362        | 363        |
| 364        | 365        | 366        |
| 3          |            |            |

| AMENDMENT A |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR. | PRESENT<br>EXTRA |
|-------------|--|---|-------|--|------------------|
|             | Total  | *   | Minus | **   | =                |
|             | Independent                                    | *   | Minus | ***  | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |  |                  |

**OTHER THAN  
OR SMALL ENTITY**

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X40=      |        | OR | X80=      | 80     |
| +135=     |        | OR | +270=     |        |
| TOTAL     |        | OR | TOTAL     | 790    |

| SMALL ENTITY | OR | OTHER THAN SMALL ENTITY |
|--------------|----|-------------------------|
|--------------|----|-------------------------|

| RATE                | ADDITIONAL FEE |    | RATE                | ADDITIONAL FEE |
|---------------------|----------------|----|---------------------|----------------|
| X\$ 9=              |                | OR | X\$18=              |                |
| X40=                |                | OR | X80=                |                |
| +135=               |                | OR | +270=               |                |
| TOTAL<br>ADDIT. FEE |                | OR | TOTAL<br>ADDIT. FEE |                |

| RATE                | ADDITIONAL FEE |    | RATE                | ADDITIONAL FEE |
|---------------------|----------------|----|---------------------|----------------|
| X\$ 9=              |                | OR | X\$18=              |                |
| X40=                |                | OR | X80=                |                |
| +135=               |                | OR | +270=               |                |
| TOTAL<br>ADDIT. FEE |                | OR | TOTAL<br>ADDIT. FEE |                |

|                    |                |    |                    |                |
|--------------------|----------------|----|--------------------|----------------|
| RATE               | ADDITIONAL FEE | OR | RATE               | ADDITIONAL FEE |
| X\$ 9=             |                | OR | X\$18=             |                |
| X40=               |                | OR | X80=               |                |
| +135=              |                | OR | +270=              |                |
| TOTAL<br>ADDIT FEE |                | OR | TOTAL<br>ADDIT FEE |                |

| (Column 1) | (Column 2) | (Column 3) |
|------------|------------|------------|
| 1          | 2          | 3          |
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| 361        | 362        | 363        |
| 364        | 365        | 366        |
| 3          |            |            |

|             |   |   |       |   |                  |
|-------------|---|---|-------|---|------------------|
| AMENDMENT C |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total   | *   | Minus | **  | =                |
|             | Independent   | *   | Minus | ***   | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.